

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/5/84 7

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12		1					62						
13		2					63						
14							64						
15		1					65						
16							66						
17		1					67						
18		1					68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24		1					74						
25		1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						